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PTO/SB/21 (09-06)

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|--|----------------------|------------------------|-------|
| TRANSMITTAL FORM | Application Number | 10/663,324 | |
| | Filing Date | 09/15/2003 | |
| | First Named Inventor | Harold Beck | |
| | Art Unit | | |
| | Examiner Name | Aughenbaugh, W. | |
| (to be used for all correspondence after initial filing) | | Attorney Docket Number | 03-11 |
| Total Number of Pages in This Submission | | 23 | |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (RCE) |
| <div style="border: 1px solid black; padding: 2px;">Remarks</div> | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | DAYCO PRODUCTS, LLC | |
| Signature | <i>Joseph V. Tassone</i> | |
| Printed name | JOSEPH V. TASSONE | |
| Date | 09/22/2006 | Reg. No. 20,998 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | |
| Signature | <i>Lori L. Kelley</i> | |
| Typed or printed name | Lori L. Kelley | Date 09/22/2006 |

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SEP 22 2006

PTO/SB/17 (07-06)

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | Complete If Known Application Number: 10/663,324 Filing Date: September 15, 2003 First Named Inventor: Harold Beck Examiner Name: Aughenbaugh, W. Art Unit: Attorney Docket No.: 03-11 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 450.00 | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-0375 Deposit Account Name: Dayco Products, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | |
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| FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
|---|-------------|-----------------------|-------------|-----------------------|------------------|--|--|
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims | | | | | | Fee (\$) 50 200 360 | Small Entity Fee (\$) 25 100 180 |
| Total Claims - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20. Indep. Claims - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3. | | | | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fees Paid (\$) | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3-month Ext. of Time (\$1,020) MINUS 2 months previously paid (\$570) = \$450.00 | | | | | | | |

| | | |
|---|--|--|
| SUBMITTED BY Signature: <i>Joseph V. Tassone</i> Registration No. 20,996 Telephone (937) 226-6725 Name (Print/Type): Joseph V. Tassone Date 09/22/2006 | | |
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